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Items of Interest:

- "Managing Asthma in Schools—What Have We Learned?" The CDC and the National Heart, Lung, and Blood Institute have developed a cutting-edge publication, "Managing Asthma in Schools—What Have We Learned?", that provides updated information on developing, implementing, and evaluating school-based asthma programs. The school year has just begun and many parents need to know how they can evaluate their children's school-base asthma program. For more information, visit www.cdc.gov.

Navy and Marine Corps Medical News

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Pensacola Anesthesiologist Provides Specialty Training For 28 Docs at Course in Yemen

From Naval Hospital Pensacola Public Affairs Office

PENSACOLA, Fla. - Naval Hospital Pensacola Anesthesiologist, Dr. Craig Bonnema, currently the Command Surgeon of the Combined Joint Task Force/Horn-of-Africa (CJTF-HOA) in Djibouti, and Dr. Yahia Huraibi, Chief Anesthesiologist at the al-Thawra Hospital in Sana'a, concluded a 3-day specialty training refresher course at the Presidential Hospital in Marib, Yemen, during the last days of August.

The United States Agency for International Development (USAID) and the Ministry of Public Health and Population worked in cooperation to organize this important

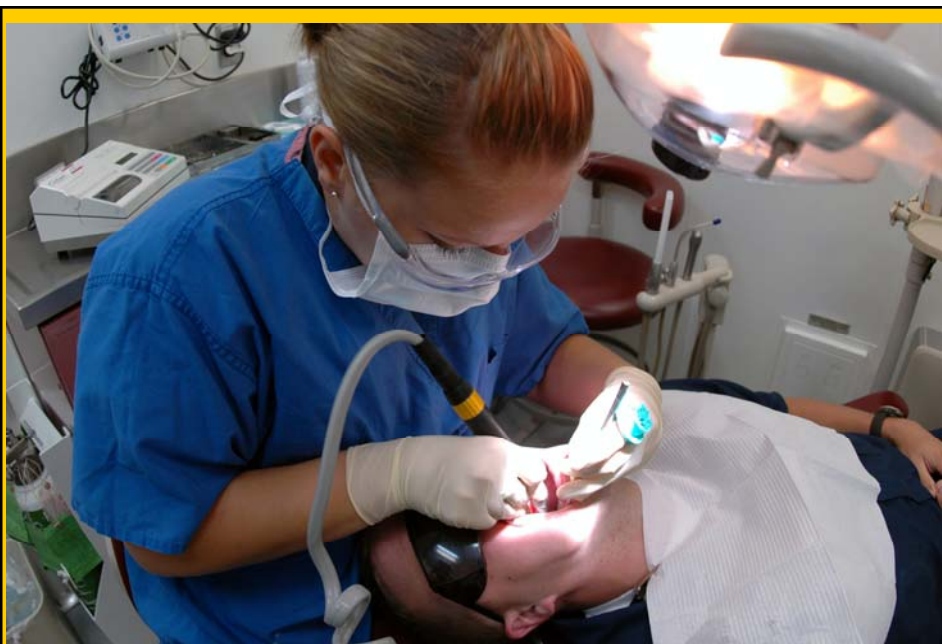
teaching conference, the first ever at the Marib Presidential Hospital.

Twenty-eight practitioners of anesthesiology from the five governorates of Marib, Shabwa, Sa'dah, al-Jawf and Amran attended the conference.

The objective of the training was to improve the quality of health care services in some of Yemen's most underserved regions.

Back at Camp Lemonnier in Djibouti on September 2, Bonnema said that he had "presented some more advanced lectures to the medical staff at one of the larger hospitals in the capital city of Sana'a. Everyone was very pleased

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PACIFIC OCEAN - Hospital Corpsman Seaman Apprentice Alanna Slattery performs a dental polishing procedure on a patient aboard the nuclear-powered aircraft carrier USS Nimitz (CVN 68) Aug. 30. U.S. Navy photo by Mass Communication Specialist Seaman Emily Stroia

USNS Mercy Finishes 72 Days of Humanitarian Aid

By Mass Communication Specialist Seaman (SW) Joseph Caballero, U.S. Pacific Fleet

TIMOR SEA - The last of USNS Mercy's (T-AH 19) patients returned to shore Sept. 1 as the ship prepared to make its journey home after completing 72 days of humanitarian aid to Southeast Asia.

"It has been a once-in-a-lifetime experience," said Hospital Corpsman Melisa Espinosa, who worked in Mercy's casualty receiving department, which is roughly equivalent to an emergency room. "I feel really lucky to be able to see all these parts of the world and be able to make new friends there. It has been one of the best things I've ever done, and I'd definitely do this again in a heartbeat."

The U.S. Naval hospital ship began its five-month humanitarian and civic assistance deployment more than four months ago and has since reached thousands of people in the Philippines, Bangladesh, Indonesia and East Timor.

Mercy's crew not only treated an unprecedented number of patients during a single deployment, but it

also brought medical education, civil engineering, culture exchange, and most of all friendship to the people of the region, according to Capt. Bradley Martin, Mercy's mission commander.

"We've achieved a tremendous amount," said Martin. "We've delivered care to almost 200,000 people. We've done lifesaving surgeries for people, and we've altered people's lives in a lot of positive ways."

"Another thing that has been very important with this mission is that we have achieved a high level of interoperability with the NGOs (nongovernmental organizations) and allied militaries," continued Martin. "We've gotten a lot done, and I hope to foster and continue relationships with all these countries and their people."

To carry out the medical side of its mission, Mercy tied together the skills of U.S. and foreign military medical specialists with doctors and nurses of nonprofit, charitable medical organizations, most of which operate independently in the region.

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National Naval Medical Center Dentist Helps U.S. - Japan Relations

By Jen Hunter, National Naval Medical Center Public Affairs

BETHESDA, Md. - A unique Sailor shared his experiences as a resident at the National Naval Medical Center's Naval Postgraduate Dental School with a small group of Japanese college students Aug. 17.

Japanese Cmdr. Hiromichi Iizuka is the first dentist from the Japanese Defense Force to attend the school. The Japanese students were visiting the United States to see firsthand how relations between the two countries has shifted since World War II.

Iizuka, accompanied by Bethesda's Comprehensive Dentistry Director Capt. Donald Worm, escorted the group and their college professor around the Naval Postgraduate Dental School.

Iizuka specializes in General Dentistry and describes himself as an "icebreaker." He wants to learn about the U.S. system and apply the knowledge to his native Japan, he said.

"I am studying both dentistry, and the organization and operation of the U.S. Navy Dental system,"

Iizuka said. "I have two points for the student tour. Both the dental and military aspects are important."

The tour took place only days after the anniversary of the Japanese surrender ending World War II. Iizuka wanted to emphasize the changes that have occurred in relations between the Japanese and U.S. military over time.

"Japan and the U.S. have a long history," Iizuka said. "I want to show improvement over time — new versus old."

Iizuka cannot treat patients because the American Dental Association does not recognize his Japanese dental license, Worm said. The focus of his experience in the United States is broader than that of a typical resident.

"He has been on the USNS Comfort (T-AH 20)," Worm said. "We're hoping to get him over to the Pentagon, on a carrier, and possibly doing something with the Marines."

Worm attributes the international dental relationship to the Navy Dental Center Japan and the close ties it has formed with its



Japanese counterparts. That relationship, which is approximately 7,000 miles away, is yielding benefits to Bethesda's dentists. Iizuka has given lectures on Japanese dentistry and technology, Worm said.

"We're exchanging ideas, concepts, philosophies," Worm said. "It's also beneficial for our residents that might be heading to Japan."

Japan's national health insurance supports the Japanese Defense Force in providing dental care to active duty and family members.

USNS Comfort Hosts Course for Military, Civilian Agencies

By Mass Communication Specialist
1st Class (SW/AW) AnTuan Guerry,
National Naval Medical Center Public Affairs

BALTIMORE, Md. - Hospital ship USNS Comfort (T-AH 20) hosted about 30 Defense Department personnel Aug. 21-23 for training on how the Navy streamlines patient care and tracks patient movement while deployed.

Representatives from the Navy Surface Warfare Medicine Institute boarded the ship to teach the Medical Regulating and Patient Movement Courses. The course had a decidedly joint flavor as members from various defense agencies participated, including the Federal Emergency Management Agency, U.S. Public Health Service, National Guard and active-duty Navy, Army

and Air Force.

According to Comfort's Senior Enlisted Leader Hospital Corpsman, Senior Chief Hospital Corpsman (SW/SS) Anthony Aubright, the significance of the joint training cannot be overstated.

"It's important to make everyone aware of the capabilities of each [military and government] service's equipment and personnel for reacting to another natural or man-made disaster," said Aubright.

Course instructor Lt. Ed Jimenez said the course material is based on the Navy's "lessons learned" during Iraq and Afghanistan experiences and added other agencies, especially civilian organizations like the Federal Emergency Management Agency, are looking to incorporate some of the Navy's medical regulat-



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Pensacola continued...

(Continued from page 1)

with how well it went, including the U.S. Ambassador and officials from the Yemeni government."

The conference focused on a highly specialized area – anesthesiology – which is critical to all patients undergoing surgical procedures in the governates, whether resulting from disease or injuries. At the end of the workshop the participants expressed their gratitude to both physicians for their outstanding academic presentations.

The mission was good, continued Bonnema, demonstrating the "soft power" of U.S. military medicine. "I was there more as a physician than a naval officer.

"We went to a very wild and destitute area of Yemen that's a focus of American efforts to improve medical care

at the most basic level," the Pensacola Navy anesthesiologist said.

Dr. Abdorabo Muftah, Principal Health Officer in Marib Governorate, expressed his gratitude for the ongoing, strong and successful United States support to the Yemeni healthcare system.

Dr. Bonnema affirmed his thanks for Yemen's hospitality during his visit to Marib.

Dr. Yahia Huraibi reaffirmed that Yemeni healthcare providers wish to continue seeking exposure to US medical scientists and researchers.

USAID and other representatives expressed their commitment to bringing more specialists to teaching conferences in these five governorates.

CPO Selectees Help Save Mississippi Woman's Life

By Art Frith, Naval Support Activity
Mid-South Public Affairs

MILLINGTON, Tenn. - Chief petty officer (CPO) selectees from Naval Support Activity (NSA) Mid-South saved the life of a Mississippi driver following an accident Sept. 1.

The CPO selectees came across the accident scene on I-55 near Jackson, Miss., at approximately 6:30 p.m. as they were returning from a community service project in Gulfport, Miss.

"When we arrived at the vehicle, we discovered one female, believed to be in her mid-to-late 40s or early 50s, trapped in the driver's seat," said Chief Master-at-Arms (sel.) Nathan Hammontree, NSA Mid-South security department. "The vehicle was smoking from the engine compartment, the passenger compartment was filled with air-bag propellant, and the woman was disoriented and crying out in pain."

While Hammontree called 911, Chief Hospital Corpsman (sel.) Tina

Danielson and Chief Hospital Corpsman (sel.) Stephen Kelly, both with Naval Branch Health Clinic Mid-South, immediately provided emergency medical treatment.

"It was clearly evident that the woman had multiple injuries," said Kelly. "In addition to an apparent head injury, the woman had a crushed foot and fractured femur."

Fumes from the air-bag propel-

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NHCC Medical Staff Members to Deploy to Iraq, Kuwait

By Bill Love, Naval Hospital Corpus Christi Public Affairs Office

CORPUS CHRISTI, TX - Naval Hospital Corpus Christi (NHCC) dispatched 20 more medical personnel to Iraq Aug. 13 and four more to Kuwait four days later bring the total number of military staff deployed from the command to 69. Twelve are from the hospital's three Branch Health Clinics located at Ingleside, Kingsville and Fort Worth, Texas.

NHCC's total military staff is 338.

"Over the course of July and August, we've deployed an additional 44 of our heroes for critical GWOT missions, joining the 25 already overseas," said Captain James P. Rice, Medical Corps, the commanding officer at NHCC. "All are doing an outstanding job! I speak for all of us when I say just how very badly we miss them and look forward to their return!"

Last week Capt. Rice traveled to Camp Pendleton, Calif., to visit the deploying NHCC staff staged at the Marine 1st Medical Battalion.

"Their training is nearly complete," he remarked, "they eagerly await departure."

The new wave of deployed staff now join the ranks of those who have returned from serving the nation on hostile shores and ensuring freedom for all.

Capt. Rice also emphasized the importance of both military and civilians, who have not deployed.

"Without medical care and support for our beneficiaries and their families," Capt. Rice said about those who remain to provide exceptional patient and fleet centered care; or who, in some way, provide support for those who care for our beneficiaries here, "our overarching mission would not be accomplished."

One Navy Nurse, Lt.j.g. Laarni D. Russell, from the Family Practice Clinic at NHCC who had to leave her patients, plus her family last week, said it well.

"I am ready to go," Russell offered, "because I am going to be involved in a facet of nursing that I couldn't ever participate in as a civilian. That's why I joined the Navy."

Mercy continued...

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The organizations working aboard Mercy included Project HOPE, Operation Smile, Aloha Medical Mission, Tzu Chi Foundation, International Relief Teams, the UCSD Pre-Dental Society and a number of host nation NGOs. Mercy's military medical team consisted of U.S. Navy, Air Force and Army members, along with foreign military medical personnel from Canada, India, Australia, Singapore,

Indonesia, Malaysia, Bangladesh and the Philippines.

Mercy conducted a few operations each day at every location where teams conducted medical and dental civil action projects (MEDCAPs) and provided health care at local hospitals. The MEDCAPs were used to treat minor illnesses and tooth decay ashore; when serious problems were encountered, the patients would be brought to the ship either by helicopter or small boat for further

medical treatment or for surgery in one of Mercy's operating rooms.

In each port where the medical teams disembarked to treat the sick, teams of public health workers followed close behind to test each area's water sanitation and examine the level of insect-borne diseases. In addition, the crew held classes to help improve current sanitation conditions, as well as exchange ideas on topics such as basic life support and neonatal resuscitation.



NGINYANG, Kenya - U.S. Navy Cmdr. Dr. Warren Gilbert, left, examines a patient with a mock head during field training, part of exercise Natural Fire at Camp Lonestar, Aug. 17. Natural Fire is the largest combined exercise between Eastern African community nations and the United States, and includes medical, veterinary and engineering civic affairs programs. U.S. Navy photo by Mass Communication Specialist 2nd Class Roger S. Duncan

Protect Yourself and Your Family From Pneumococcal Disease

By Bureau of Medicine and Surgery
Public Affairs

WASHINGTON - Navy Medicine wants our beneficiaries to protect themselves from a possibly life-threatening, but preventable, disease—Pneumococcal disease.

According to the Centers for Disease Control, Pneumococcal disease is a serious illness that kills more people in the U.S. each year than any other vaccine preventable diseases combined.

Pneumococcal disease can lead to life-threatening infections of the lungs (Pneumonia), the blood (Bacteremia), and the covering or lining of the brain (Meningitis). One out of every 20 people who develop Pneumonia die from it, two

out of every 10 people who develop Bacteremia die from the disease, and three out of every 10 people who develop Meningitis die from the disease. People who suffer from certain health problems have an increased chance of death.

Persons who are at greatest risk for being infected by Pneumococcal disease are persons over 65 years of age, anyone over two years of age who has a long-term health problem or has a health condition that lowers the body's immune resistance, and children under two years of age.

Navy Medicine advises our beneficiaries to protect themselves from possible Pneumococcal disease infection by receiving the Pneumococcal Polysaccharide Vaccine

(PPV) — also known as the Pneumococcal shot. This vaccine is highly effective and safe.

The shot is administered to the behind. The shot is safe and will not make you sick, though there maybe a little swelling and soreness for a day or two. This will go away on its own.

Administration of the shot is a once in a lifetime deal — it is good for the rest of your life once you receive it. However, there are some who may need a booster shot five years after the initial dose. Your doctor will inform you if this is the case.

For more information and to schedule an appointment to receive a PPV shot, contact your local medical treatment facility.

Comfort continued...

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ing and patient movement.

"Although we don't have actual patients to work with, [the course] is able to mimic the stress level involved in regulating patient movement in a fast-paced combat environment," Jiminez said. "This is

a good way to evaluate a person's decision-making process during an actual event."

U.S. Public Health Service's Capt. Stephen Formanski said the course is an opportunity for sharing of information and understanding what other services have to offer.

"Patient movement is what Na-

tional Disaster Medical Service (NDMS) does, so understanding what the military does for patient movement seems logical," said Formanski, NDMS emergency coordinator for the Mid-Atlantic States. "As we learn more about other agencies' capabilities, we'll translate it into something we can use."

CPO Selectees continued...

(Continued from page 3)

lant, smoldering plastic, and fuel vapors were making breathing diffi-

cult in the passenger compartment.

"We needed to remove her from the car immediately, not only for treatment of her injuries, but given that there was steam coming from the car, we were uncertain if the vehicle was catching fire," said Kelly.

Other drivers who had stopped to help provided boards to act as spinal support. Once the woman was removed from the car and secured to the backboard, she was taken to a nearby pickup truck and placed on the tailgate until emergency services arrived to transport her to a hospital. A local fire department crew arrived about 10 minutes after the selectees, but

they did not have an emergency medical technician.

"It was about 20 to 25 minutes before emergency services arrived at the scene to transport the victim to the hospital," said Danielson.

"I feel our corpsmen kept the victim from going into shock and certainly reassured her that she'd be alright," said Hammontree. "Danielson made a connection, keeping her attention and calming her. They were heroes that day. No doubt about it."



Bureau of Medicine and Surgery
2300 E Street NW
Washington, DC 20372-5300

Public Affairs Office
Phone: 202-762-3221
Fax: 202-762-1705